

Emergency Medical Service (EMS) Statutory and Regulatory Update 2020

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DHHS-Office of Emergency Health Systems



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Announcements

- Take Two!
- This session is being recorded
- Intend to post to website
- We will award 2 hours of Continuing Education
- Multiple Participates
- Please put questions in the chat.



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Objectives

- Review of Nebraska Emergency Medical Service Practice Act Changes
- Review of Pharmacy Statute Changes
- Review of Nebraska Rules & Regulations
 - EMS Providers & Instructors
 - EMS Services
 - EMS Training Agencies
- Review of Statewide Model Protocol Changes
- Update on education funding
- Answer questions you have regarding EMS

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Agenda

- Nebraska PPE Updates – Doug Carlson
- Statute Updates
- Rule and Regulation Updates
 - Chapter 11
 - Chapter 12
 - Chapter 13

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Statute Changes

Emergency Medical Services Practice Act

Wholesale Drug Distributor Licensing Act

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The Department of Health and Human Services assists with many aspects of Emergency Medical Services (EMS). Some of the services are EMS Licensing, training and technical assistance, EMS Assessments, Emergency Medical Services for Children and more.

Nebraska Accommodation Project (NAP)

The [Nebraska Accommodation Project \(NAP\)](#) is designed to provide temporary housing for any Nebraskan as a result of COVID-19 exposure.

Nebraska EMS Model Protocols - Revised October, 2020

[EMS Model Protocols](#)

[EMS COVID-19 non-transport Protocol](#) added April, 2020

[EMS High Consequence Pathogen Protocol](#) added March 15, 2020

[EMS CPR Protocol - Updated for COVID-19 Patients](#) added May 19, 2020

PPE Requests

[PPE Needs Request Form](#)

EMS COVID-19 Resources (updated May 20, 2020)

[What is COVID-19?](#) | [How to prevent the spread of COVID-19](#) | [How to protect yourself from COVID-19](#) | [How to protect others from COVID-19](#) | [How to protect your business from COVID-19](#)

<http://dhhs.ne.gov/EMS>

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Emergency Medical Services

[Trauma System of Care](#)

[Stroke and STEMI Systems of Care](#)

[Critical Incident Stress Management](#)

[Data Systems](#)

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Regulations & Statutes

Regulations:

- Chapter 11: EMS Providers and Instructors
- Chapter 12: EMS Services
- Chapter 13: EMS Training Agencies
- Chapter 9: Business Credentials Issued Under The Uniform Credentialing Act

Regulations & Statutes

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- Chapter 10: Credentials Issued Under Uniform Credentialing Act
- Chapter 5: Mandatory Reporting

Statutes:

- Emergency Medical Services Practice Act**
- Uniform Credentialing Act
- Mandatory Reporting
- Nebraska Telehealth Act

Other Resources:

- Disciplinary Actions
- Investigations/Complaints
- License Lookup
- Licensee Assistance Program

Statute Changes

- LB 1002 Approved by Governor Ricketts on August 18, 2020
 - EMS Practice Act
 - Wholesale Drug Distributor Licensing Act

Wholesale Drug Distribution Licensing Act

Section 71-7436:

- Part 1 – EMS added EMS Services for Emergency Medical Reason (temporary shortage).
- Part 2 – Emergency Medical Reason does not include regular systematic sale of prescription drugs to EMS Services.

Section 71-7444:

- Part 2 – Wholesale drug distribution does not include:
 - Section (i) - restocking of prescription drugs by a hospital for an EMS Service if the EMS Service transport to the hospital and drugs were used for the patient prior to or during transportation to the hospital.
 - I.E. restock on a one to one basis for medications used.

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Wholesale Drug Distribution Licensing Act

Section 71-7444:

- Part 3 - (3) Except as provided in subdivision (2)(c) of this section, wholesale drug distribution includes:
 - Section (a) - the restocking of prescription drugs by a hospital for an emergency medical service as defined in section 38-1207 if such prescription drugs were not used for a patient prior to or during transportation to such hospital or
 - Section (b) the general stocking of prescription drugs for an emergency medical service as defined in section 38-1207.

Subdivision (2)(c) - The sale, purchase, or trade of or an offer to sell, purchase, or trade a prescription drug among hospitals or other health care entities operating under common ownership or common control;

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Emergency Medical Services Practice Act

- ▶ EMS Practice Act refers to sections 38-1201 through 38-1237
- ▶ Revised with the passing of LB 1002
 - Removed “out-of-hospital” when referring to an emergency care provider.
 - Community Paramedic was added for EMT, AEMT, EMT-I, and Paramedic:
 - Alternate healthcare model allowing EMS providers to operate in expanded roles in public health, primary healthcare and preventative services to help fill gaps in local public health and community needs.
 - Addition of Critical Care Paramedic.
 - Added the ability to provide for disciplinary or corrective action for training agencies.
 - Removed requirements for EMS Board to approve CPR organizations.
 - Removed Licensed Practical Nurse from being exempt from the EMS Practice Act requirements:
 - Under the guidance of Board of Nursing
 - LPN core curriculum requirements are limited to patient care situations with stable and predictable outcomes.

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Emergency Medical Services Practice Act

- ▶ Expanded where EMS providers may work:
 - Ability to practice to full scope;
 - Subject to the employers restrictions.
- ▶ Further defined who supervises and directs:
 - EMS Providers, except EMR, may practice their skills if:
 - Under the supervision of a licensed health care practitioner:
 - Physician Medical Director or surrogate for an EMS service;
 - Physician, PA, APRN in settings other than an EMS Service.
 - Registered Nurse may provide direction in setting other than an EMS Service

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Rules & Regulations

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Regulations & Statutes

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- Chapter 10: [Credentials Issued Under Uniform Credentialing Act](#)
- Chapter 5: [Mandatory Reporting](#)

Statutes:

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- [Nebraska Telehealth Act](#)

Other Resources:

- [Disciplinary Actions](#)
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Rules and Regulations

- Chapter 5: Mandatory Reporting
- Chapter 9: Business Credentials issued under the Uniform Credentialing Act
- Chapter 10: Provider Credentials issued under the Uniform Credentialing Act
- Chapter 11: Regulations for Providers & Instructors
- Chapter 12: Regulations for Services
- Chapter 13: Regulations for Training Agencies



Rules & Regulation Changes

- Revised Rules and Regulations were promulgated on July 20, 2020.
- Changes impacting all chapters:
 - Removed all duplicate statutory language;
 - Added two new chapters 172 NAC 9 and 172 NAC 10.
 - Impact all businesses and individuals with licensing requirements.
- “Out-of-Hospital” has not been removed.
- Critical Care Paramedic and Community Paramedicine are not included.

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172 NAC 11

EMS Providers and EMS Instructors

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Regulation Changes – Chapter 11

- Removed the Scope of Practice bulleted list.
 - Based on initial course work.
- Additional Skills Courses Removed.
 - Concepts should be taught in the initial course
 - Competency should be determined at place of employment with Physician Medical Director sign off.

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Regulation Changes – Chapter 11

- Continuing Competency Requirements
 - National Continuing Competency Program (NCCCP) Model from National Registry
 - EMR: 8 hours
 - EMT: 20 hours
 - AEMT: 25 hours
 - EMT-I: 30 hours (20 BLS, 10 ALS)
 - Paramedics: 30 hours

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Regulation Changes – Chapter 11

NCCP Model

	Airway/ Respiration/ Vent	Cardiac	Trauma	Medical	Ops
EMR	1.0	2.5	0.5	3	1
EMT	1.5	6	1.5	6	5
AEMT	2.5	7	3	7.5	5
Paramedic	3.5	8.5	3	8.5	6.5

<http://dhhs.ne.gov/OEHS%20Program%20Documents/EMS%20NCCP%20Model.pdf>

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Regulation Changes – Chapter 11

- Acceptable Continuing Education
 - Minimum of one-half hour in duration
 - No cap on distributive education for license renewals
 - Still require planned and formal, objectives that have reasonable connection to emergency medicine, specific date and time, EMS instructor or someone experienced in subject area, contact hours, documented
- Instructors
 - Added “Equivalent course as approved by the Board”
 - Initial applicants must hold and maintain a current National Registry certification
 - Licensed RN, APRN, PA, MD, DO can apply without National Registry certification
 - Existing Instructors who do not have NREMT certification are grandfathered.


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Regulation Changes – Chapter 11

- Instructor Continuing Competency
 - 8 hours of continuing education
 - Emergency medical service course curriculum updates
 - Emergency medical service legislation and regulations
 - Emergency medical service evaluation methods
 - Fundamentals of teaching adults
 - Teach at least 12 hours of adult education over emergency medical services care topics within 2 year renewal period
 - Removed BLS or ACLS instructor requirement
 - Removed two year experience on an EMS service prior to instructor license application
- 

Regulation Changes – Chapter 11

- Reinstatement
 - EMR expired < 5 years – refresher course
 - EMR expired > 5 years – requirements for an initial license
 - EMT, AEMT, Paramedic < 3 years – refresher course
 - EMT, AEMT, Paramedic > 3 years – requirements for an initial course
 - Instructor expired < 5 years – continuing competency requirements
 - Instructor expired > 5 years – requirements for an initial license

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Regulation Changes – Chapter 11

- Renewal: December 31st
 - EMTs: Every odd-numbered year
 - Paramedics, EMT-I, AEMT, EMR, EMSI: Every even-numbered year
- 2020 Renewal Important Information:
 - EMS Instructors will be on normal renewal period.
 - EMR, AEMT, EMT-I, Paramedic renewals will be delayed due to Executive Order issued by Governor. Once state of emergency is lifted, typical renewal cycle will begin

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172 NAC 12 EMS Services

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Rule & Regulation Changes – Chapter 12

- Added Requirement for a list of all station locations
- Added additional license levels to satisfy member/employee requirement if applying for advanced life support service license – AEMT, EMT-I, Paramedic, *registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy*
- Ambulance standards must now meet current NFPA 1917 Standard for Automotive Ambulances or CAAS Ground Vehicle Standard for Ambulances
 - Standard must be met when transferring ownership
 - Remounts must meet requirements

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Regulation Changes – Chapter 12

- Removed “Care of ingested poisons” from the equipment list
- Removed the ability to transport a patient with only an EMR
 - Outside the scope of practice for EMR
- Changed training requirement of topics to be provided to its members every two years
 - Added HIPAA
 - Removed Extrication
 - Removed Extraction and victim recovery for special conditions

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Regulation Changes – Chapter 12

- Physician Medical Director changes
 - Broke out into qualification versus responsibilities
 - Qualifications:
 - Experience in, and knowledge of, emergency care of acutely ill or traumatized patients
 - Be familiar with the design and operation of local, regional, and state emergency medical service systems
 - Obtain at least three hours of category one continuing medical education within the subject area of emergency medical services every twenty-four months

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Regulation Changes – Chapter 12

- Physician Medical Director changes
 - Responsibilities:
 - Requires PMDs to be responsible for ensuring and documenting the competency of each licensed provider

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Regulation Changes – Chapter 12

- Removed requirement of a service to maintain members' emergency medical continuing education training in personnel files
- Added
 - Interfacility transport services only are exempt from having a Backup Response Plan
 - Failure to accurately provide interfacility arrival response time to unprofessional conduct
 - Requirement to have acknowledgement of receipt of Backup Response Plan from the dispatching agency
 - Deemed compliance for Emergency Medical Services who obtain and maintain national accreditation in lieu of inspection
 - Commission on Accreditation of Medical Transport Systems
 - Commission on Accreditation of Ambulance Services

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172 NAC 13 EMS Training Agencies

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Regulation Changes – Chapter 13

- Moved EMS Instructors from Chapter 13 to Chapter 11
- Added
 - Additional requirements for approval to be an EMS training agency
 - Be an accredited community college, college, university, or a school of nursing in this state that awards an academic degree to its graduates (initial application)
 - Paramedic training programs must be accredited by Commission on Accreditation of Allied Health Educational Programs (CAAHEP) upon the recommendation of the Committee of Accreditation of Educational Programs for the Emergency Medical Services Professions (COAEMSP)
 - Programs holding a current Letter of Review from COAEMSP will be deemed to meet this requirement

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Regulation Changes – Chapter 13

- Added
 - Training Agencies must report to DHHS:
 - Course location
 - Name of training agency
 - Name of instructor(s) for each course
 - Name of course
 - Number of students
 - Enrolled
 - Left prior to course completion
 - Completed course
 - Total number of didactic hours
 - For AEMT and Paramedic total number of clinical and field internship hours

<http://dhhs.ne.gov/Pages/EHS-EMS-Education.aspx>

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Regulation Changes – Chapter 13

- Added
 - Health care clinics or physician offices as possibilities to have written agreements with for clinical training of students
 - Requirement to provide resources to support students who may need disability accommodations, student support and other counseling services
 - Deemed compliance for EMS training agencies who obtain and maintain national accreditation in lieu of inspection
 - Approved CPR organizations
 - American Heart Association, American Red Cross, American Safety and Health Institute, American Trauma Event Management, ACLS Certification Institute, Emergency Care and Safety Institute, National Safety Council and Pro CPR Organization

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Regulation Changes – Chapter 13

- Added
 - Disciplinary Action for grounds of
 - Violation of regulations, misrepresentation of material facts, providing an EMS course while the training agency's approval is suspended or has a limitation placed on approval
 - Plan of Correction Procedure section


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Regulation Changes – Chapter 13

- Added
 - Requirements for the Pre-Hospital Paramedic for Nurses Course
 - All EMS refresher courses for reinstatement must meet the NCCP requirements defined in 172 NAC 11
 - A medical director qualifications section in which they must
 - Have a current license in Nebraska to practice medicine and surgery
 - Have experience providing emergency care to acutely ill and injured patients
 - Have training or experience in the delivery of out-of-hospital emergency care, including proper care and transport of patients, medical direction and quality improvement
 - Be active in the medical community
 - Be knowledgeable about emergency medical service education including professional, legislative and regulatory issues regarding EMS education
- 

Regulation Changes – Chapter 13

- Removed
 - Requiring the owner(s) to not have any felony convictions if they hold any financial interest of 25% or more of the training agency
 - Requirement to hold a surety bond in the penal sum of \$20,000
 - All reference to additional skills
 - Requirement of establishing and implementing a mentoring program for each new EMS instructor
 - Requirement of EMT course to include at least 10 hours of field experience; still requires five patient contacts and added successful completion of simulation adult and pediatric patient encounters that must include cardiac, trauma, pediatrics, geriatric, stroke, OB, difficulty breathing, altered mental status and toxicology

Regulation Changes – Chapter 13

- Removed
 - Requirement at the end of refresher courses cognitive and psychomotor exams
 - CPR course curriculum requirements
 - Requirement for distributive learning organizations
- Updated aggregate pass rates to maintain at least a 70% for each initial emergency medical service course for a period of two consecutive years on all attempts of the licensure examination

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Protocols

Statewide Model Protocol changes were published at the beginning of October:

- Highlights include:
 - Clarified SALT triage to not practice outside of scope.
 - EMT:
 - Use of End Tidal CO2 numeric only with continued competency education
 - Monitor IV pump administering crystalloid solution – with education on how to adjust and stop
 - Administration of IM Epi 1:1,000 for Status Asthmaticus
 - Advanced EMT:
 - Added Zofran, Benadryl, Fentanyl, and Benzodiazepines
 - Does not include EMT Intermediate

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Education

Received additional funding for EMS initial and continuing education

- Apply for reimbursement: <http://dhhs.ne.gov/Pages/EHS-EMS-Education.aspx>
 - Will use to support LPN to EMT courses or bridge courses
 - Can use for specialty courses
 - Initial Education & Continuing Education
 - If you need help finding courses contact us
 - Funds are flexible

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How Can We Help?



- What is the best way to get information out?
 - www.dhhs.ne.gov/ems
 - MailChimp
 - Facebook: Nebraska Emergency Health Systems
 - Twitter: @NEDHHS_EHS
- What more can we do to help you?
- Streamline and Simplify



Questions?



www.dhhs.ne.gov/ems

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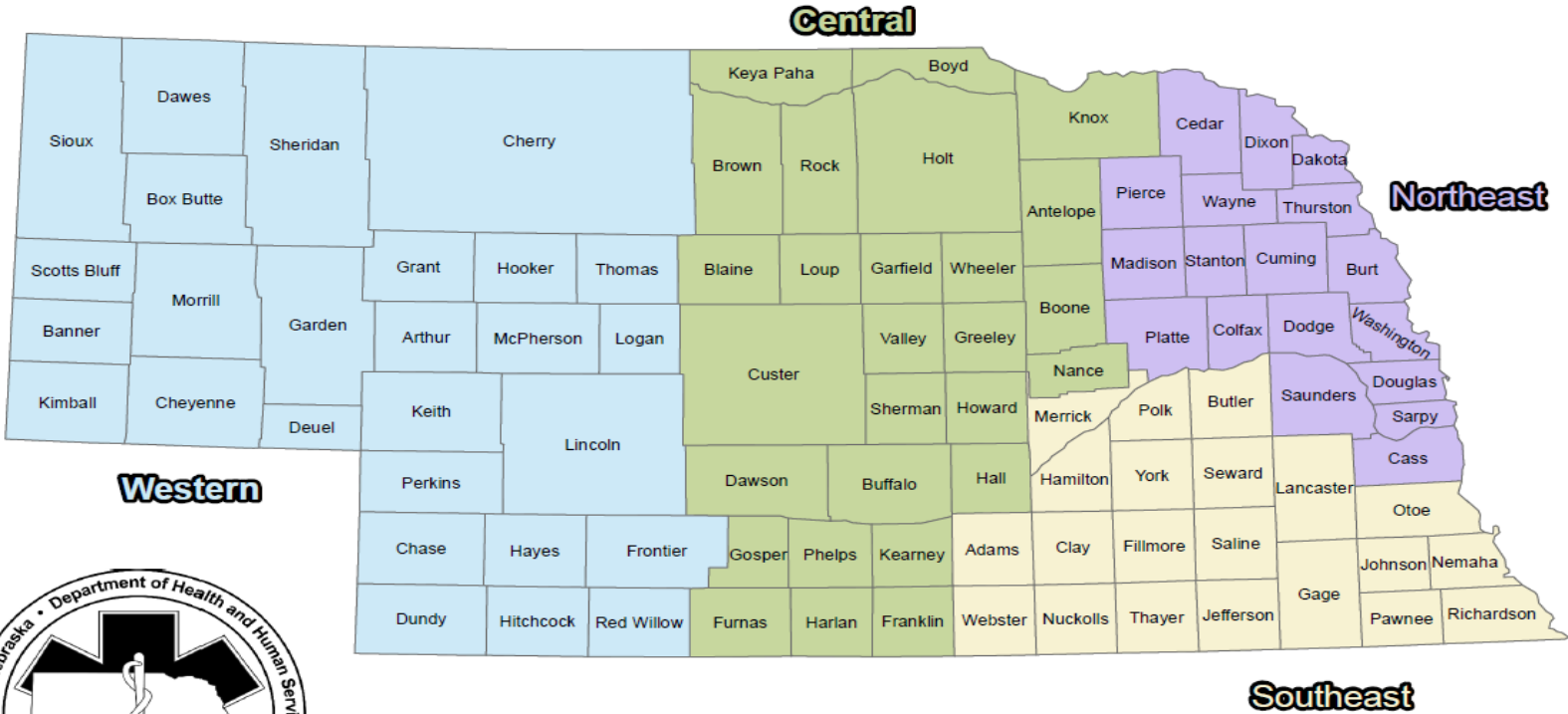
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